City of Burbank FINANCIAL SERVICES - REVENUE TRANSIENT OCCUPANCY TAX REGISTRATION

Name of HOTEL/MOTEL*		Total No. Rooms	
Address		Business Phone	
Starting Date			
Name of Owner			
Residence Address		Phone	
Name of Managing Agent	(If any)		
Residence Address		Phone	
Date	Signature		
		Owner	
		on thereof. The term "hotel accommodation pies as his domicile and permanent resider Sec. 14-602(A) Burbank Municipal Control of the Control	nce.
Date Registration Received			
Classification of HOTEL/MO	TEL		
Certificate Number		Issued (date)	
	If Change in 0	Ownership:	
	Former Owne	er's Name	
	TR #		